Page 1 of 2



Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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From:

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Account Number : 120080000067 Phone : (845) 425-0077

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LLC REGISTERED AGENT CHANGE LGP CAPITAL LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

i, N	ame of the limited liability company: LGP CAPITA	L LLC		·	<u> </u>		
2. (a)	5 Corporate Dr. Suite 100	(1	1 5 Corp	orate Dr	. Suite 10	00 OZ	APT 25
ж. (u)	Principal office address of limited tiability company: (Note: MUST BE STREET ADDRESS)	_ `		1ailing addre (Note: MA	ss of limited Y BE POST		
	Central Valley, NY 10917		Central \	/alley, N	Y 10917	~7	
					7	(a)	-11
	5/20/2013	_	L1300007		AHASS	S- 88	F
3.	Date of filing/registration in Florida	4.		Document	number	Ū.	
5. (a)	Israel Waldman					بن	
. (-,	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of State	:	결심	, <u>, , , , , , , , , , , , , , , , , , </u>	
	5 Corporate Dr. Suite 100				2°	ינז	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>s)</u>				
	O-d-n Valley	10017					
	Central Valley Fi	10917		•			
(b)	Israel Waldman		<u></u>				
• • •	Enter name of NEW Registered Agent and/or NEW Registere	d Office as	idress:				
	3770 Royal Palm Ave						
	NEW Registered Office Address:	_		•			
				•			
	MiamiF	<mark>3314</mark> 0)				
the chagent	limited liability company is not organized under the la lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the reginability confithe line of the li	istered office ompany, it is nited liability liability con	eand the bi hereby co y company ipany.	usiness off infirmed th	lice of th hat the cl	e registered lange(s)
	Necksaid W. Gross ature of a member of authorized representative of a member	Ye	chisiel M C		vped name o	Esignee	
I here provis the ob to men notifie	eby accept the appointment as registered agent and agestions of all statutes relative to the proper and complete all gations of my position as registered agent as providingly reflect a change in the registered office address. It is writing of this change.	ree to ac e perforn ed for in hereby c	t in this cape nance of my e Chapter 605 confirm that	acity I fur	ther gares	in com	oly with the and accept being filed has been
-							